

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 015 ****61.25

DOCUMENT # 726683

1. Corporation Name

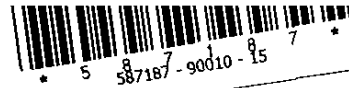
CRYSTAL CONDOMINIUM APTS. INC

Principal Place of Business

30 SE FOURTH AVENUE
HALLANDALE FL 33009

Mailing Address

C/O ASSOCIATION MGMT GR INC
500 W CYPRESS CREEK RD. #230
FT LAUDERDALE FL 33309
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/12/1973

4. FEI Number

59-1755409

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KREMEN, CARINA
C/O ASSOCIATION MANAGEMENT GROUP
500 WEST CYPRESS CREEK, #230
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME SIMERA, MICHAEL
STREET ADDRESS 30 SE 4TH AVE., APT 208
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D
NAME KOROUGH, ALIPOUR
STREET ADDRESS 481 AVES DAIRY RD., APT 405D
CITY-ST-ZIP NORTH MIAMI FL 33179

TITLE SD
NAME HANKIN, RONAL
STREET ADDRESS 30 SE 4TH AVE., APT 202
CITY-ST-ZIP HALLANDALE FL 33009

TITLE PD
NAME PUTMAN, MARK
STREET ADDRESS PO BOX 840833 N/A
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VD
NAME CUMMINGS, ROSLYN
STREET ADDRESS 215 S.E. 3RD AVE.
CITY-ST-ZIP HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
JILL LINDO
30 SE 4TH AVE. APT 101
HALLANDALE FL 33009

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #